Foster Family Home - Corrective Action Report

Provider ID: 1-100106

Home Name: Helen Claveria, NA Review ID: 1-100106-10

94-1261 Huakai Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 3/8/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/8/2021.

Foster Family H	lome Physical Environment	[11-800-49]
49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, co	ommon areas and exits, as appropriate;
49.(c)(3)	The home shall be maintained in a clean, well ventilated,	adequately lighted, and safe manner.

Comment:

49.(a)(4)- Front door emergency exit was blocked with a large sofa preventing a clear pathway and wheelchair accessibility in the event of an emergency evacuation.

49.(c)(3)- Client #1's window screen with a quarter sized hole in which insects/bugs/mosquitoes can fly inside clients' rooms/CCFFH and can possibly bite the clients.

	6.1 B. I .	
Foster Family Home	Client Rights	[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including

privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization for inside Client #1 and Client #2's bedrooms.

Foster Family Ho	ome Records	[11-800-54]	
54.(b)		poks for each client in a manner that ensures legibility, order, ink. Each client notebook shall be a permanent record and sl	
54.(b)(1)	Permit effective professional review by the	e case management agency, and the department; and	
Comment:			

54.(b), (b)(1)- Client #2's chart was not present in the CCFFH at the beginning of the CCFFH inspection. Client #2 was inside the bedroom; per CG#1, client's chart was in the office of the case management agency.

Compliance Manager

Primary Care Giver

3 / 8 / 2021

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